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PATENT APPLICATION

2	2	PAT	ENI APPLICAT	ATTOR	NEY DOCKET	NO. MRMC 01-54CIP 14
DECLARATION AND POW	ER OF AT	TORNEY		ATTON	NET DOCK	
OR PATENT APPLICATE						
s a below named inventor,	I hereby de	clare that:				
s a below named inventor, ly residence/post office add believe I am the original, f	iress and cit	tizenship are as stat	ed below next to my	y name;	of first and join	nt inventor (if plural names
believe I am the original, f	irst and sole	e inventor (if only o	one name is listed b	is sought on the it	nvention entitled	j :
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<u>EUROCOGNITIVE ASSE</u>	SSMENL	APPAKATUS ANI	vyjna bov je checké	ed:		•
e specification of which is (X) was filed on 7/2					d Application	
(X) was filed on //	8/2003	and was amende	ed on	(if applic	able).	
Number 10/61 hereby state that I have re-	viowed and	understood the con	tents of the above-	identified specific	ation, including	the claims, as amended by
hereby state that I have to	to above. I	acknowledge the d	uty to disclose all in	nformation which	is material to pa	atentability as defined in 3
FR 1.56.	10 10011					
		manufacture.				
oreign Application(s) and/or Chechy claim foreign priority be	laim of Forcis	gn Printity htm 25 Timited States C	ode Section 119 of any	foreign application(s)) for patent or inver	itor(s) certificate listed below an
hereby claim foreign priority besieve also identified below any fore	netits under i vien applicatio	in for patent or inventor	s) certificate having a fi	ling date before that o	of the application on	which priority is claimed:
IVE BISO IDENTIFIED DELOT BIS TOTAL						UNDER 35 U.S.C. 119
COUNTRY	APPI.IC/	ATION NUMBER	DATE FILED	- 1	YES:	
					YES:	NO:
						· · · · · · · · · · · · · · · · · · ·
rovisional Application hereby claim the benefit under T	itle 35. United	States Code Section 11	9(e) of any United State	s provisional applicat	ion(s) listed below:	
lereny ciaitti the benefit under t						
		APPLICATION S	ERIAL NUMBER	FILING DATE		
		60/28	9,116	5/8/2001		
		60/33	1,107	11/8/2001		
hereby claim the benefit under " laims of this application is not d cknowledge the duty to disclose rior application and the national	isclosed in the material info	mation as defined in T	ide 37, Code of Federal	provided by the first particular forms, Section	aragraph of Title 35 1.56(a) which occu	as the subject matter of each of the . United States Code Section 112 arred between the filing date of the section 112 arred between the section 2015 are section 112 arred between the section 2015 are section 2
APPLICATION SERIAL 1	MADED	FILING	DATE	STA	TUS(patented/pend	ing/ahandoned)
	TOMBER		2002		Pending	
10/140,376	·			 		
		<u> </u>				
POWER OF ATTORNEY: As a named inventor, 1 hereby: Trademark Office connected ther Customer No.: 27370	appoint the forewith.	ollowing attorney(s) and	l/or agent(s) listed belo	w to prosccute this a	application and tran	sact all business in the Patent a
	_			Direc	ct Telephone Calls	То:
Send Correspondence to:						
Office for the Staff Judge Ad	vocate	1.00			ibeth Arwine 619-7808	
U.S. Army Medical Research Attn: MCMR-IA (Ms. Elizab	and Materie with Arwine)	(Command		•		
504 Scott Street	CIII 749 W 1004/					
Fort Detrick, Maryland 2170	2-5012	<u></u>	<u></u>			
I hereby declare that all stateme that these statements were made of Title 18 of the United States C	nts made here with the know lode and that	in of my own knowledg vledge that willful false such willful false statem	e are true and that all st statements and the like a ents may jeopardize the	atements made on inf so made are punishab validity of the applica	formation and belief le by fine or imprisonation or any patent is	f are believed to be true; and furi comment, or both, under Section 10 ssued thereon.
				Citiz	zenship: <u>US</u>	
Full Name of Inventor: Denni		liago Californio IIC 0	2129-2119			
Residence: 13448 Samantha A	venue, San D	C CO SHIJOHIE J. O'S'	-1-/ <u></u>			
Post Office Address: Same	$\overline{\Omega}$			11 200	OAAT	2

PATENT APPLICATION

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. MRMC 01-54CIP 14

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NEUROCOGNITIVE ASSESSMENT APPARATUS AND METHOD

the specification of which is attached hereto unless the following box is checked:

(X) was filed on 7/8/2003 as US Application Serial No. or PCT International Application Number 10/614,758 and was amended on ______ (if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR 1.56.

Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES: NO:
			YES: NO:

Provisional Application

I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below:

APPLICATION SERIAL NUMBER	FILING DATE
60/289,116	5/8/2001
60/331,107	11/8/2001

U.S. Priority Claim

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION SERIAL NUMBER	FILING DATE	STATUS(patented/pending/abandoned)
10/140,376	5/8/2002	Pending

POWER OF ATTORNEY:

Send Correspondence to:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) listed below to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Customer No.: 27370

Office for the Staff Judge Advocate
U. S. Army Medical Research and Materiel Command
Attn: MCMR-JA (Ms. Elizabeth Arwine)

Elizabeth Arwine 301-619-7808

Direct Telephone Calls To:

504 Scott Street Fort Detrick, Maryland 21702-5012

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Dennis L. Reeves	Citizenship: US
Residence: 13448 Samantha Avenue, San Diego, California US 92129-2119	
Post Office Address: Same	
<u> </u>	
nventor's Signature	Date

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)	•	ATTORNEY DOCKET NO. 184.0001
Full Name of Inventor: Kathryn P. Winter		Citizenship: US
Residence: 706 Panferio Drive, Pensacola Beach FL 32561-2126		
Post Office Address: Same		
laty - Win		4/03
Inventor's Signature	Date '	
Full Name of Inventor:		Citizenship:
Residence: .		
Post Office Address: Same		
Inventor's Signature		
·		
Full Name of Inventor:		Citizenship:
Residence:		
Post Office Address:		
	. •	
Inventor's Signature		
and the state of t	Date	
Full Name of Inventor:		Citizenship:
Residence:		Citizensinp.
Post Office Address:		
1 03t Office Address.		
Inventor's Signature	D.A.	
Inventor's Signature	Date	
Full Name of Laurenten		
Full Name of Inventor:Residence:		Citizenship:
Post Office Address:		
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Inventor's Signature	Date .	
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Full Name of Inventor:		Citizenship:
Residence:		
Post Office Address:		
Inventor's Signature	Date	